

U.S. PUBLIC HEALTH SERVICE / FEDERAL OCCUPATIONAL HEALTH**Audiogram History / Report****Tape Tracing Here**Baseline ☐Annual ☐Retest ☐**A. Identification:**

Last name _____ First name _____ MI _____ Social Security # _____
 Date of birth ____/____/____ Sex M F Length of time on job ____ months ____ yrs.
 mo. date yr. circle one
 Job title _____ Job location _____

B. Noise Exposure:(check all that apply) Steady ☐ Intermittent ☐ Impulse ☐

Source of Noise _____ Estimated hours per day exposed _____

Time since most recent noise exposure: Hours _____ Days _____

Duration of most recent noise exposure: Hours _____ Days _____

Other Noise Exposure: (check all that apply)

Prior military service ☐ Loud music ☐
 Firearms ☐ Motor cycles ☐
 Power tools ☐ Heavy machinery ☐

C. Protective Equipment Used: Ear plugs ☐ Ear muffs ☐ Canal Caps ☐ Other ☐

Type _____

How often do you wear this equipment: Always ☐ Sometimes ☐ Rarely ☐ Never ☐**D. Medical History: (check all that apply)**

History of hearing loss ☐ History of ringing in ears ☐
 Family history of hearing loss ☐ History of recurrent impacted ear wax ☐
 History of recurrent ear infections ☐ History of wearing hearing aid R ☐ L ☐
 History of head injury ☐ Current cold, flu or allergy symptoms ☐

Comments: _____

TO BE COMPLETED BY PHYSICIAN OR NURSE/TECHNICIAN

E. Physical examination of ear: Left _____
 Right _____

F. Education: (the following was discussed with the employee)

Causes of hearing loss ☐ Types of ear protectors ☐
 How to protect hearing ☐ Importance of hearing program ☐

G. Assessment: (check one)

Normal audiogram ☐
 Abnormal audiogram with no change from baseline (R / L) ☐
 Standard threshold shift or other significant change (R / L) ☐

H. Recommendations: (check all that apply)Continue annual testing ☐ Repeat manual audiogram ☐ Refer to Audiologist/ENT ☐

Nurse/ Technician _____
 (print name) (signature) (title) (date)

Physician _____
 (print name) (signature) (date)

Remarks: _____

Health Center Stamp Here**AUDIOMETER CALIBRATION (Re:29CFR 1910.95, Occupational Noise Standard)**Daily Biological /Functional Check [1910.95(h)(5)(I)]: Completed Yes ☐ No ☐

Calibration Dates: Acoustic: [1910.95(h)(5)(ii)] _____

Exhaustive: [1910.95(h)(5)(iii)] _____